

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER (601) 359-5241	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE 03/20/2013	Name or number of rule(s): Part 214 Pharmacy, Chapter 1 General Pharmacy, Rules 1.3, 1.6 and 1.11		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This filing is to revise Rules 1.3 and 1.6 and add new Rule 1.11 to be in compliance with State Plan Amendment 2013-011 Prescribed Drugs effective date 01/01/2013 according to § 25-43-1.103 subparagraph 4.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. § 43-13-121; Section 175 of the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA) amended section 1860D-2(e)(2)(A).

List all rules repealed, amended, or suspended by the proposed rule: Part 214 Pharmacy, Chapter 1 General Pharmacy, Rules 1.3, 1.6 and 1.11

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES

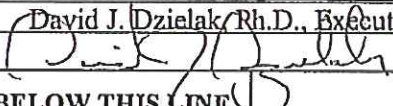
____ Original filing
____ Renewal of effectiveness
To be in effect in _____ days
Effective date:
____ Immediately upon filing
____ Other (specify): _____

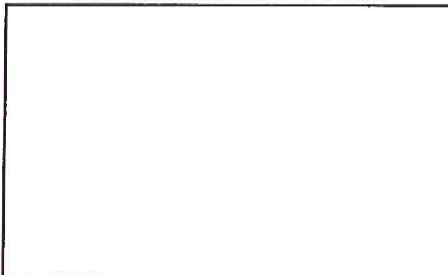
PROPOSED ACTION ON RULES

Action proposed:
☒ New rule(s)
☒ Amendment to existing rule(s)
____ Repeal of existing rule(s)
____ Adoption by reference
Proposed final effective date:
☒ 30 days after filing
____ Other (specify): _____

FINAL ACTION ON RULES

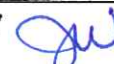
Date Proposed Rule Filed:
Action taken:
____ Adopted with no changes in text
____ Adopted with changes
____ Adopted by reference
____ Withdrawn
____ Repeal adopted as proposed
Effective date:
____ 30 days after filing
____ Other (specify): _____

Printed name and Title of person authorized to file rules: David J. Dzielak/Rh.D., Executive Director
Signature of person authorized to file rules: 

OFFICIAL FILING STAMP

Accepted for filing by

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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.